

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034571

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 531

Registrar's No. 2261

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14006

24006

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94200

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1290-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 19 1963

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN University City

Length of stay in lb
11 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 7034 Cornell

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN University City, Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7034 Cornell Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First JACOB

Middle

Last POGER

4. DATE OF DEATH

Month Day Year
July 15, 1963

5. SEX Male

6. COLOR OR RACE Cauc.

7. Married ☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2/19/80

9. AGE (last birthday) 80

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant

10b. KIND OF BUSINESS OR INDUSTRY Retail dry gds.

11. BIRTHPLACE (City and state or country) Russia

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Isaac Poger

13b. MOTHER'S MAIDEN NAME Chai (unk)

14. NAME OF HUSBAND OR WIFE Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT William Poger 368 N. Price Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Artery Heart Disease
General arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1955 to July 15, 1963 and last saw her alive on July 15, 1963. Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Julius Elson, M.D.

(Degree or title)

22b. ADDRESS 3720 Washington

22c. DATE SIGNED 7/15/63

23a. BURIAL, CREMATION, REMOVAL (Buried)

23b. DATE 7/16/1963

23c. NAME OF CEMETERY OR CREMATORY B'nai Amooha

23d. LOCATION (City, town, or county) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial 4715 Mc herson

ADDRESS

25. DATE RECD. BY LOCAL REG. 7-16-63

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

NY 480-103

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawrence J. Deane*
Licensed Embalmer No. 3928

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.